

CLIENT ACTION PLAN

Counselor:	Counselee(s):

PURPOSE OF CALL/ASSISTANCE REQUEST:

<input type="radio"/> Credit Counseling	<input type="radio"/> Rental Topics	<input type="radio"/> Tenant-Landlords Rights/Responsibilities
<input type="radio"/> Debt Management	<input type="radio"/> Homeless/Shelter	<input type="radio"/> Fair Housing
<input type="radio"/> Financial Management/Budgeting	<input type="radio"/> Mortgage Delinquency & Default	<input type="radio"/> Resources
<input type="radio"/> Home-buying	<input type="radio"/> Post-purchase	<input type="radio"/> Other

Needs/Housing Assessment/Analysis:

GOALS/OBJECTIVES:

ACTION STEPS TO REACH GOALS:

#	CLIENT AGREES TO:	TARGET DATE/COMPLETION DATE	
#	COUNSELOR AGREES TO:	TARGET DATE/COMPLETION DATE	

COUNSELOR:
 Signature _____ Title _____
 Date _____ Start: _____ End: _____

Counselee:	Telephone #:
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VAREP

<input type="radio"/> Via Telephone	<input type="radio"/> Disclosure read to Counselee	_____
<input type="radio"/> Disclosure mailed to Counselee		_____
		Counselor's Initials/Date

HOUSEHOLD EXPENSES:			
Rent	\$	Medical Insurance	\$
Food	\$	Car Insurance	\$
Gas & Electric	\$	Car Payments	\$
Water	\$	Credit Cards	\$
Cable	\$	Personal Loans	\$
Internet	\$	Student Loans	\$
Telephone	\$	Child Support	\$
Cell Phone	\$	Spousal Support	\$
Gasoline	\$	Other	\$
Rx	\$	Other	\$
Daycare	\$	Other	\$
TOTAL HOUSEHOLD INCOME:		\$	
FINANCIAL ASSESSMENT/ANALYSIS:			
ALTERNATIVES, IF ANY:			
OUTCOME/RESOLUTION:			

No Follow up required/File closed _____

Counselor's Initials/Date